05/13/2010 15:37

Image# 10990668836

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT ₩ over the lines American Hospital Association PAC 325 Seventh Street, NW ADDRESS (number and street) Suite 700 Check if different than previously Washington DC 20004 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE 🛋 CITY A IS THIS NEW **AMENDED** C00106146 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Χ Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Post -Election General (30G) Special (30S) Report for the: **Termination Report** (TER) in the Election on State of 02 0 1 2010 02 28 2010 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Ms. Melinda Hatton Type or Print Name of Treasurer Electronically Filed by Ms. Melinda Hatton 05 13 2010 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004)

FE6AN026

Only

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

2/38

FEC Form 3X (Rev. 02/2003) Write or Type Committee Name

American Hospital Association PAC

D [®] D 2010 02 0 1 2010 0.2 28 From: Report Covering the Period: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2010° 2190847.18 January 1 (b) Cash on Hand at 2250481.15 Begining of Reporting Period 89680.32 217334.70 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 2340161.47 2408181.88 6(a) and 6(c) for Column B) 68925.26 136945.67 Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 2271236.21 2271236.21 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D)

X This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

FE6AN026

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 3 / 38

Write or Type Committee Name
American Hospital Association PAC

- Timerioan Floophar Flood allon 1770

Report Covering the Period:

м м 0 2

From:

01

Y Y W Y 2 0 1 0

. o: м м 0 2 D D 28

Y Y Y Y Y 2 0 1 0

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	tributions (other than loans) From: Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	14870.00	19220.00
	(ii) Unitemized	8039.42	12955.42
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	22909.42	32175.42
٠,,	Political Party Committees	0.00	0.00
` '	Other Political Committees (such as PACs) Total Contributions (add Lines	0.00	0.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	22909.42	32175.42
	nsfers From Affiliated/Other y Committees	65000.00	183100.00
3. All L	oans Received	0.00	0.00
	n Repayments Receivedets To Operating Expenditures	0.00	0.00
(Car	unds, Rebates, etc.) ry Totals to Line 37, page 5)	0.00	0.00
to Fe	unds of Contributions Made ederal candidates and Other ical Committees	1500.00	1500.00
	er Federal Receipts idends, Interest, etc.)	270.90	559.28
	nsfers from Non-Federal and Levin Funds		
(/	Von-Federal Account (from Schedule H3)	0.00	0.00
(b) L	evin Funds (from Schedule H5)	0.00	0.00
(c) T	otal Transfer (add 18(a) and 18(b)).	0.00	0.00
	Receipts (add Lines 11(d), 3, 14, 15, 16, 17, and 18(c))	89680.32	217334.70
	Federal Receipts tract Line 18(c) from Line 19)	89680.32	217334.70

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

4/38

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: (a) Shared Federal/Non-Federal		
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share		
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	325.26	653.17
	Expenditures(c) Total Operating Expenditures	023.20	033.17
	(add 21(a)(i), (a)(ii) and (b))	325.26	653.17
22.	Transfers to Affiliated/Other Party	0.00	0.00
23.	Committees Contributions to	0.00	0.00
	Federal Candidates/Committeesand Other Political Committees	68600.00	136100.00
24.	Independent Expenditure	0.00	0.00
25.	(use Schedule E)		0.00
	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
26.	Loan Repayments Made	0.00	0.00
7	Loans Made	0.00	0.00
	Refunds of Contributions To:	0.00	0.00
((a) Individuals/Persons Other Than Political Committees	0.00	0.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees		
	(such as PACs)	0.00	0.00
	(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
	(add Lines 20(a), (b), and (c))		
29.	Other Disbursements	0.00	192.50
30.	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6) (i) Federal Share	0.00	0.00
	(i) redetal State		
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add	0.00	0.00
	Lines 30(a)(i), 30(a)(ii) and 30(b))		
31.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	68925.26	136945.67
32.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	68925.26	136945.67

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) 5 / 38

III. Net Contributions/Operating Expenditures			
33.	Total Contributions (other than loans) from Line 11(d), page 3)	22909.42	32175.42
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	22909.42	32175.42
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	325.26	653.17
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	325.26	653.17

FE6AN026

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 38 (check only one) 11a 11b 11c 12 13 14 15 X 16 17
Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and according to the commercial purposes.	ay not be sold or used by any perso ddress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Friends Of Byron Dorgan Mailing Address PO Box 871 City State	Zip Code	Date of Receipt 0 2 0 1 2 0 1 0 Transaction ID: 17987493
Bismarck FEC ID number of contributing federal political committee. Name of Employer Occupation	58502 0143438 on	Amount of Each Receipt this Period 1500.00
Receipt For: 2010 Aggregat Primary X General Other (specify)	e Year-to-Date ▼ 1500.00	

SUBTOTAL of Receipts This Page (optional)	•	1500.00
TOTAL This Period (last page this line number only)	•	1500.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7/38 (check only one) X 11a 11b 11c 12
Any information copied from such Reports and	d Statements may not be sold or used by any perso the name and address of any political committee to	n for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Hospital Association PAC		solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Arthur A Ushijima		Date of Receipt
Mailing Address 1301 Punchbowl Str	eet	0 2 0 2 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 17988649
<u>Honolulu</u>	HI 96813-2402	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Queen's Medical Center	Occupation President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Ms Judy McClenaghan		Date of Receipt
Mailing Address 2806 Octabia Lane		02 12 2010
City	State Zip Code	Transaction ID: 18003171
Marietta	GA 30062-4924	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Georgia Hospital Associat- ion	Occupation Government Relations Coordinator	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Ms. Vi B. Naylor		Date of Receipt
Mailing Address 190 Hunting Creek D	Drive	02 12 7 9 10
City	State Zip Code	Transaction ID: 18003174
<u>Marietta</u>	GA 30068-3416	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Georgia Hospital Associat- ion	Occupation Executive Vice President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	1250.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 38 (check only one) X 11a 11b 11c 12 13 14 15 16 17
_	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may e name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Ms. Joyce Reid	Date of Receipt		
	Mailing Address 1675 Terrell Mill Rd	01-1-	7'- 0-4-	02 12 2010
	City Marietta	State GA	Zip Code 30067	Transaction ID: 18003175 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Georgia Hospital Associat- ion	Occupation Health ar	n Accountability Specialist,	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
В.	Full Name (Last, First, Middle Initial) Ms. Patricia Conway-Morana Mailing Address 3300 Gallows Road	Date of Receipt		
				02 12 2010
	City Falls Church	State VA	Zip Code 22042-3307	Transaction ID: 18004528 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	E2042 0007	350.00
	Name of Employer Inova Fairfax Hospital	Occupation Chief Nur	rse Executive	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00]
с. С.	Full Name (Last, First, Middle Initial) Mr. Michael Maron			Date of Receipt
	Mailing Address 718 Teaneck Road			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 18004898
	Teaneck FEC ID number of contributing federal political committee.	NJ C	07666-4245	Amount of Each Receipt this Period 500.00
	Name of Employer Holy Name Hospital	Occupation President	n and Chief Executive Office	r
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional)	1		1100.00
	TOTAL This Period (last page this line number		<u> </u>	

	EDULE A (FEC Form 3X) ZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 38 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for co	mmercial purposes, other than using the	atements may name and add	y not be sold or used by any persod dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\	E OF COMMITTEE (In Full) erican Hospital Association PAC			
M s. <i>A</i>	Name (Last, First, Middle Initial) Audrey Meyers			Date of Receipt
Maili	ng Address 223 North Van Dien Av	02 12 2010		
City		State	Zip Code	Transaction ID: 18004901
	gewood	NJ	07450-2726	Amount of Each Receipt this Period
	ID number of contributing ral political committee.	C		500.00
Name Valle	e of Employer y Hospital	Occupation President	n t and Chief Executive Office	r
Rece	ipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
	Name (Last, First, Middle Initial) rank J Vozos, , M.D., FA	Date of Receipt		
Mailii	ng Address 300 Second Avenue			0 2 1 2 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: 18004910
	g Branch	NJ	07740-6303	Amount of Each Receipt this Period
	ID number of contributing all political committee.	C		250.00
Nam Moni	e of Employer mouth Medical Center	Occupation Executive	n e Director	
Rece	eipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
	Name (Last, First, Middle Initial) eff M. Dye			Date of Receipt
Mailii ———	ng Address 2121 Osuna Rd NE			02 12 2010
City		State	Zip Code	Transaction ID: 18007805
	iquerque	NM	87113-1001	Amount of Each Receipt this Period
	ID number of contributing all political committee.	C		500.00
<u>iatior</u>		Occupation President	n t and Chief Executive Office	r
Rece	ipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
SUBTO	TAL of Receipts This Page (optional)			1250.00
	. This Period (last page this line number of		<u> </u>	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 38 (check only one) X 11a 11b 11c 12
Any information copied from such Reports and	Statements may not be sold or used by any persone name and address of any political committee to	n for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Hospital Association PAC	te name and address of any political committee to	Solicit contributions from Such committee.
Full Name (Last, First, Middle Initial) Mr. Brian S Bentley		Date of Receipt
Mailing Address 1313 East 32nd Stree		0 2 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 18007806
Silver City	NM 88061-7251	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Gila Regional Medical Cen- ter	Occupation Chief Executive Officer	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Mr. Mark Dixon		Date of Receipt
Mailing Address 7102 Heatherton Trai	I	0 2 1 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 18007910
<u>Edina</u>	MN 55435-4121	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Fairview Health Services	Occupation Regional President, Southwest	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Dr. Alan L Goldbloom, , M.D.		Date of Receipt
Mailing Address 345 North Smith Ave	nue	0 2 1 7 2 0 1 0
City	State Zip Code	Transaction ID: 18007912
Saint Paul	MN 55102-2346	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Children's Hospitals and Clinics of Mi	Occupation President and Chief Executive Officer	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
		1000.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 38 (check only one) X 11a
A	ny information copied from such Reports and St r for commercial purposes, other than using the	atements may not be sold or used by any pename and address of any political committee	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC		
	Full Name (Last, First, Middle Initial) Mr. Timothy H Hanson		Date of Receipt
	Mailing Address 559 Capitol Boulevard,		02 17 2010
	City	State Zip Code MN 55103-0000	Transaction ID: 18007915
	Saint Paul FEC ID number of contributing federal political committee.	MN 55103-0000	Amount of Each Receipt this Period 250.00
	Name of Employer HealthEast Care System	Occupation President and Chief Executive Offi	cer
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
- 3.	Full Name (Last, First, Middle Initial) Ms. Mary Maertens	Date of Receipt	
	Mailing Address 300 South Bruce Street	02 17 2010	
	City	State Zip Code	Transaction ID: 18007921
	Marshall	MN 56258-3901	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Avera Marshall Regional Medical Center	Occupation Director, Community Services	
	Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
_	Full Name (Last, First, Middle Initial) Mr. Lawrence J Massa		Date of Receipt
•	Mailing Address 2550 University Avenue	0 2 1 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City	State Zip Code	Transaction ID: 18007922
	Saint Paul	MN 55114-1052	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	225.00
	Name of Employer Minnesota Hospital Associ- ation	Occupation President	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	225.00	
Γ	SUBTOTAL of Receipts This Page (optional)		975.00
-	SUBTUTAL OF Receipts This Page (optional)		
	TOTAL This Period (last page this line number of	only)	\

SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 38 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	Statements may e name and add	not be sold or used by any pers ress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Terence Pladson, , M.D. Mailing Address 1406 Sixth Avenue Note City Saint Cloud FEC ID number of contributing federal political committee. Name of Employer CentraCare Health System	State MN C Occupation President	and Chief Executive Office	Date of Receipt M
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Ms. Donna M. Herrin-Griffith, MSN, RN, C Mailing Address 105 Overleaf Pointe			Date of Receipt M
City	State	Zip Code	Transaction ID: 18011025
Huntsville FEC ID number of contributing federal political committee.	C	38104-6600	Amount of Each Receipt this Period 500.00
Name of Employer Methodist Le Bonheur Heal- thcare	Occupation Sr. Vice F	President	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Mr. Michael P. Guerin			Date of Receipt
Mailing Address One North Franklin			0 2 1 8 2 0 1 0
City	State	Zip Code	Transaction ID: 18011027
Chicago	<u>IL</u>	60606-3436	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer American Hospital Associa- tion-Chicago	, '	President and Secretary	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)			1250.00
TOTAL This Period (last page this line number	r only)		

SCHEDULE A (FEC Form 3X)

	DULE A (FEC Form 3X) ED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 38 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for com	nation copied from such Reports and Sta mercial purposes, other than using the r OF COMMITTEE (In Full) can Hospital Association PAC	atements ma name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Mailing City Chica FEC ID federal Name of America tion-Ch Receip	Address One North Franklin go number of contributing political committee. of Employer can Hospital Associanicago t For:		Zip Code 60606-3436 on Manager AHA Solutions, Inc e Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Na Mr. Mar	Primary General Other (specify) ▼ Ime (Last, First, Middle Initial) rk A Eustis Address 2450 Riverside Avenue		300.00	Date of Receipt
City Minne FEC ID federal	eapolis Dinumber of contributing political committee. of Employer w Health Services	State MN C Occupatio Presiden	Zip Code 55454-1450 on It and Chief Executive Office	Transaction ID: 18011777 Amount of Each Receipt this Period 500.00
	t For: Primary General Other (specify) ▼	1	e Year-to-Date ▼ 500.00	
Mr. Ste	Full Name (Last, First, Middle Initial) Mr. Stephen Pribyl Mailing Address 800 Medical Center Drive			Date of Receipt 0 2 2 2 2 1 0 1 0
City		State	Zip Code	Transaction ID: 18011786
	ont number of contributing political committee.	C	56031-4575	Amount of Each Receipt this Period 250.00
Name o Fairmo ayo He Receip	of Employer ant Medical Center-M- alth Sy	+	ministrative Officer	
P	Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00]
SUBTOT	AL of Receipts This Page (optional)			1050.00
TOTAL	This Period (last page this line number o	nlv)		

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Solution 1 Use : for each potential in the second secon		FOR LINE NUMBER: PAGE 14 / 38 (check only one) X						
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Hospital Association PAG	the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions						
Full Name (Last, First, Middle Initial) Ms. Marianne G. Lorini Mailing Address 151 Pebblebrook D			Date of Receipt						
City Willoughby FEC ID number of contributing	State OH	Zip Code 44094-9169	0 2 1 6 2 0 1 0 Transaction ID: 18011866 Amount of Each Receipt this Period 250.00						
Name of Employer Akron Regional Hospital Association Receipt For: Primary Other (specify)	Occupation Presiden Aggregate		230.00						
Full Name (Last, First, Middle Initial) Mr. Scott C Malaney Mailing Address 1900 South Main S	treet		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y						
City Findlay FEC ID number of contributing federal political committee.	State OH	Zip Code 45840-1214	Transaction ID: 18011867 Amount of Each Receipt this Period 500.00						
Name of Employer Blanchard Valley Health System Receipt For: Primary General Other (specify)	- ' '	t and Chief Executive Officer Year-to-Date ▼ 500.00							
Full Name (Last, First, Middle Initial) Ms. Mina H Ubbing Mailing Address 401 North Ewing St	treet		Date of Receipt						
City <u>Lancaster</u> FEC ID number of contributing federal political committee.	State OH	Zip Code 43130-3372	Transaction ID: 18011874 Amount of Each Receipt this Period 250.00						
Name of Employer Fairfield Medical Center Receipt For: Primary General Other (specify)		n t and Chief Executive Officer Year-to-Date ▼ 250.00							
SUBTOTAL of Receipts This Page (optional	al)		1000.00						

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 38 (check only one) X 11a 11b 11c 12
Any information copied from such Reports and or for commercial purposes, other than using t	I Statements may not be sold or used by any person he name and address of any political committee to	13 14 15 16 1 16 1 17 18 18 19 19 19 19 19 19 19 19 19 19 19 19 19
NAME OF COMMITTEE (In Full) American Hospital Association PAC	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Full Name (Last, First, Middle Initial) Mr. Robert W Shroder		Date of Receipt
Mailing Address P O Box 1790		0 2 1 6 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 18011875
Youngstown	OH 44501-1790	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer St. Elizabeth Health Cent- er	Occupation President and Chief Executive Officer	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. David Engler, PhD		Date of Receipt
Mailing Address 323 Pebble Creek Di		02 16 7 2010
City	State Zip Code	Transaction ID: 18011910
<u>Dublin</u>	OH 43017-1370	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Ohio Hospital Association	Occupation VP Quality Institute	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Mr. R. Reed Fraley		Date of Receipt
Mailing Address 257 Clouse Lane		0 2 1 6 2 0 1 0
City	State Zip Code	Transaction ID: 18011911
Granville	OH 43023-1428	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	625.00
Name of Employer Ohio Hospital Association	Occupation Senior Vice President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 625.00	
		1125.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16/38 (check only one)
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may the name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Hospital Association PAC	;		
Full Name (Last, First, Middle Initial) Ms. Mary L. Gallagher			Date of Receipt
Mailing Address 155 East Broad Stre	et,		0 2 1 6 Y Y Y Y Y
City Columbus	State OH	Zip Code 43215-3609	Transaction ID: 18011912 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Ohio Hospital Association	Occupation Vice Pres	n sident & General Counsel	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Ms. Bridget A. Gargan			Date of Receipt
Mailing Address 54 West Weisheime	er Road		02 16 2010
City Columbus	State OH	Zip Code 43214-2545	Transaction ID: 18011913
FEC ID number of contributing federal political committee.	C	45214-2545	Amount of Each Receipt this Period 250.00
Name of Employer Ohio Hospital Association	Occupation Vice Pres	n Sident, State Policy & Advoc	 ac
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Ms. Kimberly A. Keiser			Date of Receipt
Mailing Address 2237 Bryden Road			0 2 1 6 2 0 1 0
City Bexley	State OH	Zip Code 43209-1612	Transaction ID: 18011918 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40200 1012	250.00
Name of Employer Ohio Hospital Association	Occupation Chief Info	n ormation Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	1		750.00

SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 38 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) American Hospital Association PAC	Statements may not be sold or used by any pers ne name and address of any political committee to	
Full Name (Last, First, Middle Initial) Ms. Mary M. Yost		Date of Receipt
Mailing Address 924 Riva Ridge Boul		02 16 2010
City <u>Gahanna</u>	State Zip Code OH 43230-3825	Transaction ID: 18011922 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Ohio Hospital Association	Occupation Vice President, Public Affairs	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Ms. Susan Stanfield Mailing Address 6218 Muirlock Court		Date of Receipt
City	State Zip Code	0 2 1 6 2 0 1 0 Transaction ID: 18011924
<u>Dublin</u>	OH 43017	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Ohio Hospital Association	Occupation Chief Executive Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Mr. Stanley R Korducki		Date of Receipt
Mailing Address 950 West Wooster S	treet	0 2 1 6 2 0 1 0
City Bowling Green	State Zip Code OH 43402-2603	Transaction ID: 18011925 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Wood County Hospital	Occupation President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)		1000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 38 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	tatements may not be sold or used by any perso name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Ms. Joanne Carrocino, , FACHE Mailing Address Two Stone Harbor Bou City Cape May Court Hou FEC ID number of contributing federal political committee. Name of Employer Cape Regional Medical Center Receipt For: Primary General Other (specify)	State Zip Code NJ 08210-2138 C Occupation President and Chief Executive Officer Aggregate Year-to-Date 500.00	Date of Receipt M M C 26 / 2010 Transaction ID: 18026045 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) Ms. Elizabeth A. Ryan, Esq. Mailing Address 4 Brookside Drive City Bordentown FEC ID number of contributing federal political committee. Name of Employer New Jersey Hospital Association Receipt For: Primary General Other (specify)	State Zip Code NJ 08505-4439 C Occupation President & Chief Executive Officer Aggregate Year-to-Date 1500.00	Date of Receipt M M D D Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Mr. George W. Greene, Esq. Mailing Address 932 Ward Avenue Suite 430 City Honolulu FEC ID number of contributing federal political committee. Name of Employer Healthcare Association of Hawaii Receipt For: Primary General Other (specify)	State Zip Code HI 96814-2131 C Occupation President & CEO Aggregate Year-to-Date 500.00	Date of Receipt M M M / D D / Y Y Y Y Y 2 5 / 2 0 1 0 Transaction ID: 18026404 Amount of Each Receipt this Period 500.00
SUBTOTAL of Receipts This Page (optional)		2500.00

В.

PAGE 19/38 FOR LINE NUMBER: SCHEDULE A (FEC Form 3X) Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Mr. Kim C. Byas, Sr., MPH, Date of Receipt Mailing Address One North Franklin 02 25 2010 Zip Code City State Transaction ID: 18027887 Chicago IL 60606-3436 Amount of Each Receipt this Period FEC ID number of contributing 500.00 C federal political committee. Name of Employer American Hospital Associa-tion-Chicago Occupation Regional Executive Receipt For: Aggregate Year-to-Date General Primary 500.00 Other (specify) Full Name (Last, First, Middle Initial) Mr. Alex R. White, Sr. Date of Receipt Mailing Address 6225 US Hwy 290 E 0 2 28 2010 City State Zip Code Transaction ID: PR331416023395 **Austin** TX 78761-5587 Amount of Each Receipt this Period FEC ID number of contributing C 120.00 federal political committee. Name of Employer American Hospital Associa-Occupation AHA Regional Executive for TX tion-Chicago Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$60.00 Bi-

240.00

Weekly)

		620.00
SUBTOTAL of Receipts This Page (optional)		020.00
TOTAL This Period (last page this line number only)	•	14870.00

Other (specify)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 38 (check only one) 11a 11b 11c X 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	Statements may not be sold or used by any person e name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) New York Hospital & Healthcare Assoc. FED PARMailing Address One Empire Drive City Rensselaer FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	State Zip Code NY 12144 C C00160259 Occupation Aggregate Year-to-Date 73500.00	Date of Receipt M M M / D D / Y Y Y Y Y O 2 1 9 2 0 1 0 Transaction ID: 18011082 Amount of Each Receipt this Period 15000.00
Full Name (Last, First, Middle Initial) California Healthcare Association PAC - Federal Mailing Address 1215 K Street Suite 800 City Sacramento FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	State Zip Code CA 95814 C C00237495 Occupation Aggregate Year-to-Date 40000.00	Date of Receipt M M M / D D / Y Y Y Y Y O 2 1 9 2 0 1 0 Transaction ID: 18011083 Amount of Each Receipt this Period 40000.00
Full Name (Last, First, Middle Initial) Hospital and Healthsystem Assoc. of PA - Federal Mailing Address Post Office Box 8600 City Harrisburg FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	State Zip Code PA 17105-8600 C C00128082 Occupation Aggregate Year-to-Date 10000.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		65000.00
TOTAL This Period (last page this line number	only)	65000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 38 (check only one) 11a 11b 11c 12 13 14 15 16 17 17
Any information copied from such Reports and or for commercial purposes, other than using the	Statements mane name and add	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Full Name (Last, First, Middle Initial) Citibank, F.S.B. Mailing Address 1400 G Street, NW City	State	Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
Washington FEC ID number of contributing federal political committee.	DC C	20005	Amount of Each Receipt this Period 270.90
Name of Employer Receipt For: Primary General Other (specify) ▼	Occupatio Aggregate	e Year-to-Date ▼ 559.28	Interest Earned

SUBTOTAL of Receipts This Page (optional)	>	270.90
TOTAL This Period (last page this line number only)	•	270.90

TEMIZED DISBURS			rate schedule(s)		FOR LINE (check onli	
		Detailed S	ategory of the Summary Page		21b 27	22 X 23 24 25 28a 28b 28c 29
						for the purpose of soliciting contributions olicit contributions from such committee
NAME OF COMMITTEE (Ir	 ı Full)					
American Hospital Asso	ociation PAC					
Full Name (Last, First, Midd	le Initial)					Transaction ID: 18001052
Prairieland PAC						Date of Disbursement 0 2 0 2 2 0 1 0
Mailing Address 228 S Suite I	. Washington Street B-20	<u> </u>				02 02 2010
City Alexandria		State VA	Zip Code 22314			Amount of Each Disbursement this Period
Purpose of Disbursement						5000.00
2010 Contribution Candidate Name				Ca	011 itegory/	
Prairieland PAC Office Sought: House	se Disburser	ment For:			Гуре	
Sena		Primary Other (spec	General oify) ▼			2010 Contribution
State: District:						
Full Name (Last, First, Midd PETEPAC: People for E	*	con Grow	rth			Transaction ID: 18001053 Date of Disbursement
Mailing Address 3686 I #146	King Street					$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
City Alexandria		State VA	Zip Code 22302			Amount of Each Disbursement this Period
Purpose of Disbursement 2010 Contribution					011	5000.00
Candidate Name		Econ Grow	th	Ca	itegory/ Γype	
PETEPAC: People for E	Interprise Trade & E				71	
PETEPAC: People for E Office Sought: Hous Sens Pres	se Disburser		General			2010 Contribution
PETEPAC: People for E Office Sought: Hous Sena Pres State: District:	se Disburser ate ident	ment For: Primary				
PETEPAC: People for E Office Sought: Hous Sens Pres	Disburser dident Disburser	ment For: Primary				Transaction ID: 18001054 Date of Disbursement
PETEPAC: People for E Office Sought: House Sense Pres State: District: Full Name (Last, First, Midd Pete Sessions For Cong	Disburser dident Disburser	ment For: Primary				Transaction ID: 18001054
PETEPAC: People for E Office Sought: House Sense Pres State: District: Full Name (Last, First, Midd Pete Sessions For Cong	Disburser ate ident Disburser ate ident Disburser Disbur	ment For: Primary				Transaction ID: 18001054 Date of Disbursement D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
PETEPAC: People for E Office Sought: House Sense Pres State: District: Full Name (Last, First, Midd Pete Sessions For Congement) Mailing Address PO Book	Disburser ate ident Disburser ate ident Disburser Disbur	ment For: Primary Other (spec	zip Code		011	Transaction ID: 18001054 Date of Disbursement D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
PETEPAC: People for E Office Sought: House Sense Pres State: District: Full Name (Last, First, Midd Pete Sessions For Conge Mailing Address PO Book City Dallas Purpose of Disbursement	Disburser ate ident Disburser ate ident Disburser Disbur	ment For: Primary Other (spec	zip Code	Ca	O11ttegory/	Transaction ID: 18001054 Date of Disbursement O 2
PETEPAC: People for E Office Sought: House Sena Pres State: District: Full Name (Last, First, Midd Pete Sessions For Cong Mailing Address PO Bo City Dallas Purpose of Disbursement Contribution Candidate Name Rep. Pete Sessions Office Sought: X House Sena Pres	Se Disburser ate ident Disburser Se Disburser Se Disburser X ident Disburser X ident Disburser X	ment For: Primary Other (spec	Zip Code 75382	Ca	itegory/	Transaction ID: 18001054 Date of Disbursement O 2
PETEPAC: People for E Office Sought: House Sena Pres State: District: Full Name (Last, First, Midd Pete Sessions For Cong Mailing Address PO Bo City Dallas Purpose of Disbursement Contribution Candidate Name Rep. Pete Sessions Office Sought: X House Sena	Se Disburser ate ident Disburser Se Disburser Se Disburser X ident Disburser X ident Disburser X	ment For: Primary Other (spec	Zip Code 75382	Ca	itegory/	Transaction ID: 18001054 Date of Disbursement M M M / D D M / Y Y Y O Y O Y Amount of Each Disbursement this Period 1500.00

SCHEDULE B (FEC Form 3X)

	Use separate schedule(s	(check on	= NUMBER: PAGE 23 / 38 llv one)
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		22 X 23 24 25 28 28 28 29
Any Information copied from such Reports and or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Full Name (Last, First, Middle Initial) Barnett For Congress			Transaction ID: 18001055 Date of Disbursement
Mailing Address PO Box 1937			$\begin{bmatrix} 0 & 2 & M & 1 & 0 & 0 & 0 & 0 & 0 & 0 & 0 & 0 & 0$
City Emporia	State Zip Code KS 66801		Amount of Each Disbursement this Perio
Purpose of Disbursement Contribution		011	1000.00
Candidate Name Mr. James Barnett		Category/ Type	
Office Sought: X House D Senate President State: KS District: 01	sbursement For: 2010 X Primary General Other (specify)		Contribution
Full Name (Last, First, Middle Initial) Peters For Congress			Transaction ID: 18001056 Date of Disbursement
Mailing Address PO Box 226			$\begin{bmatrix} M & M & M \\ 0 & 2 & M \end{bmatrix} / \begin{bmatrix} D & D & D \\ 0 & 2 & M \end{bmatrix} / \begin{bmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{bmatrix}$
City Bloomfield Hills	State Zip Code MI 48303		Amount of Each Disbursement this Perio
Purpose of Disbursement Contribution		011	2500.00
Candidate Name Rep. Gary C. Peters		Category/ Type	
Office Sought: X House Senate President State: MI District: 09	sbursement For: 2010 Primary X General Other (specify) ▼	•	Contribution
Full Name (Last, First, Middle Initial) John Hall For Congress			Transaction ID: 18001057 Date of Disbursement
Mailing Address PO Box 469			$\begin{bmatrix} 0 & 2 & 0 & 0 & 0 & 0 & 0 & 0 & 0 & 0 &$
City Beacon	State Zip Code NY 12508		Amount of Each Disbursement this Perio
Purpose of Disbursement Contribution		011	1000.00
Candidate Name Rep. John J. Hall		Category/ Type	
Office Sought: X House Senate President State: NY District: 19	sbursement For: 2010 X Primary General Other (specify) ▼		Contribution
			4500.00

	IEDULE B (FEC Form 3X)	Use sepa	e separate schedule(s)						NE NUMBER: PAGE 24 / only one)								
IT	EMIZED DISBURSEMENTS		category of the Summary Page			21b 27	<u></u>	9 2 8a	Х	23 28b		_	4 8c	25 29	E	3	
	ny Information copied from such Reports and Stater for commercial purposes, other than using the nam																
K	NAME OF COMMITTEE (In Full)	e and address	55 Of arry political	COII		100 10 3	Olicit	,01111	ibut	10113	110	11 34	011 001				
$ \rangle$	American Hospital Association PAC																
	Full Name (Last, First, Middle Initial) Higgins For Congress									on II		_	0010	58			
	Mailing Address PO Box 28							^м 2	М	/ D	0	2 /	Y	ž 0 1	0	(
	City Buffalo	State NY	Zip Code 14220				A	mou	int o	f Eac	h I	Disbu	ırsem	ent this	Pe	eriod	
	Purpose of Disbursement Contribution			Г	01	1.							1	500.0	00		
	Candidate Name Rep. Brian M. Higgins			С	ateg Typ	ory/ e											
		ement For: Primary Other (spe	2010 General cify)				C	ontr	ibut	ion							
_	State: NY District: 27																
	Full Name (Last, First, Middle Initial) Ed Royce For Congress							ate		on II isbur	sei	ment	0010	30			
	Mailing Address P.O. Box 2525							^м 2	М	/ D	0	2 /	Y	ž 0 1	0		
	City Orange	State CA	Zip Code 92859				A	mou	int o	f Eac	h I	Disbu	ırsem	ent this	Pe	eriod	
	Purpose of Disbursement Contribution				01					-				400.0	00	_	
	Candidate Name Rep. Edward R. Royce			С	ateg Typ	ory/ e											
	9 1	ement For: Primary Other (spe	2010 General cify) ▼				C	ontr	ibut	ion							
	Full Name (Last, First, Middle Initial) Ciro D. Rodriguez for Congress									on II		_	0010	61			
	Mailing Address P.O. Box 14528							^м 2	М	/ D	0	^D /	Y	ž 0 1	0	1	
	City San Antonio	State TX	Zip Code 78214				A	mou	int o	f Eac	:h I	Disbu	ırsem	ent this	Pe	riod	
	Purpose of Disbursement Contribution				01	1		-						500.0	00		
	Candidate Name Rep. Ciro D. Rodriguez			С	ateg Typ												
	Senate X President	ement For: Primary Other (spe	2010 General cify)				C	ontr	ibut	ion							
Г	State: TX District: 23						Г			-				400			
5	SUBTOTAL of Disbursements This Page (optional)					•							. 2	400.0	λÓ		

	CHEDULE B (FEC Form	Use sep	arate schedule(s)		E NUMBER: PAGE 25 / 38
IT	EMIZED DISBURSEMEN	TS for each	category of the Summary Page	(check o	nly one) 22
					n for the purpose of soliciting contributions solicit contributions from such committee
$\sum_{i=1}^{n}$	NAME OF COMMITTEE (In Full) American Hospital Association P		oo or any pomiloa		olok Golffieddole Holl Godin Golffiedd
<u>/</u>	Full Name (Last, First, Middle Initial) Thoroughbred PAC				Transaction ID: 18011892 Date of Disbursement
	Mailing Address PO Box 65116				02 M / D 16 / Y 2010 Y
	City Washington	State DC	Zip Code 20035		Amount of Each Disbursement this Perio
	Purpose of Disbursement 2010 Contribution			011	1000.00
	Candidate Name Thoroughbred PAC Office Sought: House	Disbursement For:		Category/ Type	
	Senate President State: District:	Primary Other (sp	General ecify) ▼		2010 Contribution
	Full Name (Last, First, Middle Initial) Brady For Congress				Transaction ID: 18011899 Date of Disbursement
	Mailing Address P.O. Box 8277			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	
	City The Woodlands	State TX	Zip Code 77387		Amount of Each Disbursement this Perio
	Purpose of Disbursement Contribution			011	1000.00
	Candidate Name Rep. Kevin Patrick Brady			Category/ Type	
	Office Sought: X House Senate President State: TX District: 08	Disbursement For: X Primary Other (sp	2010 General ecify)		Contribution
	Full Name (Last, First, Middle Initial) Mike McIntyre For Congress				Transaction ID: 18011916 Date of Disbursement
	Mailing Address P.O. Box 1				02 7 16 7 2010
	City Lumberton	State NC	Zip Code 28359		Amount of Each Disbursement this Perio
	Purpose of Disbursement Contribution			011	1500.00
	Candidate Name Rep. Mike McIntyre			Category/ Type	
	Office Sought: X House	Disbursement For:	2010		Contribution
	Office Sought: X House Senate President State: NC District: 07	X Primary Other (sp	General ecify)		

	CHEDULE B (FEC FOIII 3X)	Use separate schedule(s	()		OR LINE heck only		n.		LP	AGE	26 / 3	00
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		È	21b 27	22 28a	<u> </u>	3 8b	24 28c		25 29	
	y Information copied from such Reports and State for commercial purposes, other than using the na											
V.	NAME OF COMMITTEE (In Full)	ne and address of any pointed	21 0011			1011 001111	ibatioi	10 110		0011111		
\rangle	American Hospital Association PAC											
	Full Name (Last, First, Middle Initial)								1801	1960		
	Tiberi For Congress						of Disk м /			ΥΥ	Y	Υ
	Mailing Address 2931 E Dublin Granville Suite 190	Road				0 2		1	6 /	2	0 i 0	
	City Columbus	State Zip Code OH 43231				Amou	nt of E	Each I	Disburs	emen	t this P	erio
	Purpose of Disbursement	40201	Г	v	-					10	00.00	
	Contribution		1	01								
	Candidate Name Rep. Patrick J. Tiberi		С	ateo Typ	gory/ pe							
		sement For: 2010 X Primary General				Contr	ibutio	n				
	President	Other (specify)										
	State: OH District: 12											
	Full Name (Last, First, Middle Initial)								1801	1963		
	Bill Shuster For Congress						of Disk м /			y	ν.	Υ
	Mailing Address PO Box 27					0 2		^D 1	6	2	0 1 0	
	City Hollidaysburg	State Zip Code PA 16648				Amou	nt of E	ach l	Disburs	emen	t this P	erio
	Purpose of Disbursement				-					15	00.00	
	Contribution Candidate Name		ļ Ļ	01	gory/							
	Rep. William Franklin Shuster			Typ								
	X X	sement For: 2010	'			Contr	ibutio	n				
	Senate Senate President	✓ Primary GeneralOther (specify) ▼				001111						
	State: PA District: 09	Other (specify)										
	Full Name (Last, First, Middle Initial) Arcuri For Congress						action of Disk		1801 ment	1985		
	Mailing Address P.O. Box 8508					0 2	M /	^D 1	^D /	Ý Ž	0 Ĭ 0	Y
	City Utica	State Zip Code NY 13505				Amou	nt of E	Each I	Disburs	emen	t this P	erio
	Purpose of Disbursement	111 10000		_						10	00.00	
	Contribution		l L	01	1							
	Candidate Name Rep. Michael A. Arcuri		C	ateç Typ	gory/ ne							
	Office Sought: X House Disbur	sement For: 2010 K Primary General	1	. 11		Contr	ibutio	n				
	President State: NY District: 24	Other (specify)										
_	L)								250	00.00	_

Transaction ID: 18012310 Amy Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Kurt Schrader For Congress Mailing Address PO Box 3314 Suite 240 City Origon Cit	SCHEDULE B (FEC FOII)	-	' Use separate schedule(s)					E NUMBER: PAGE 27						8
NAME OF COMMITTEE (In Full) NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Kurt Schrader For Congress Mailing Address PO Box 3314 Suite 240 City State Zip Code Order (Specify) City State Zip Code Full Name (Last, First, Middle Initial) Markey For Congress Mailing Address PO Box 1333 City State Zip Code Congress Mailing Address PO Box 1333 City State Zip Code Congress Mailing Address PO Box 1333 City State Zip Code Congress Mailing Address PO Box 1333 City State Zip Code Congress Mailing Address PO Box 1333 City State Zip Code Congress Mailing Address PO Box 1333 City State Zip Code Congress Mailing Address PO Box 1333 City State Zip Code Fort Collins Condidate Name Rep. Betsy Markey Office Sought: X House Senate Purpose of Disbursement Contribution Candidate Name Rep. Betsy Markey Office Sought: X House Senate Senate Purpose of Disbursement Contribution Condidate Name Rep. Betsy Markey Office Sought: X House Senate Senate Purpose of Disbursement Contribution Condidate Name Rep. Betsy Markey Office Sought: X House Senate Ny 13214 Purpose of Disbursement Contribution Condidate Name Rep. Both Shaffel Office Sought: X House Senate Ny 13214 Purpose of Disbursement Contribution Candidate Name Rep. Both Shaffel Office Sought: X House Senate Ny 13214 Purpose of Disbursement Contribution Candidate Name Rep. Daniel B. Maffel Office Sought: X House Senate Purpose of Disbursement Contribution	ITEMIZED DISBURSEME	NTS					21b	22	X					2 3
American Hospital Association PAC Full Name (Last, First, Middle Initial) Kurt Schrader For Congress Mailing Address PO Box 3314 Suite 240 City State Zip Code Oregon City OR 97045 Purpose of Disbursement Contribution Candidate Name President State: OR District: 05 Full Name (Last, First, Middle Initial) Markey For Congress Mailing Address PO Box 1333 City State Zip Code Office Sought: X House Fort Collins Con 90521 City State Zip Code OO 80521 Full Name (Last, First, Middle Initial) Category' Type Contribution Candidate Name Rep. Betsy Markey Office Sought: X House President State: OD District: 04 Full Name (Last, First, Middle Initial) Friends Of Dan Maffei Mailing Address PO Box 74 City State Zip Code Ontribution Contribution Co	r for commercial purposes, other than u							r the pu			liciting c	ontrib		
Mailing Address PO Box 3314 City State Zip Code Oregon City OR 97045 Purpose of Disbursement Contribution City Senate President State: OR District: 05 Full Name (Last, First, Middle Initial) Friends Of Dan Maffei Contribution Condidate Name Rep. Betsy Markey Office Sought: X House Disbursement Contribution Condidate Name Rep. Betsy Markey Office Sought: X House Contribution City State Zip Code Contribution Contribution City State Zip Code Contribution Contribu	American Hospital Association	PAC												
City Oregon City OR 97045 Purpose of Disbursement Contribution Candidate Name Rep. Kurt Schrader Office Sought:	•		Date o	of Di	sburse	ement		Y	Υ					
Origon City Purpose of Disbursement Contribution Candidate Name Rep. Kurt Schrader Office Sought:	Suite 240		01-1-	Z'a Oada				-				^		
Contribution Candidate Name Rep. Kurt Schrader Office Sought:	Oregon City							Amou	nt of	Each	Disburse	-		eriod
Rep. Kurt Schrader Office Sought: X House Senate President State: OR District: 05 Full Name (Last, First, Middle Initial) Markey For Congress Mailing Address PO Box 1333 City State Zip Code Fort Collins CO 80521 Purpose of Disbursement Contribution Candidate Name Rep. Betsy Markey Office Sought: X House Senate President State: CO District: 04 Full Name (Last, First, Middle Initial) Transaction ID: 18012310 Amount of Each Disbursement this Peric Contribution Contribution Contribution Candidate Name Rep. Betsy Markey Office Sought: X House Senate President State: CO District: 04 Full Name (Last, First, Middle Initial) Friends Of Dan Maffei Mailing Address PO Box 74 City State Zip Code NY 13214 Purpose of Disbursement Contribution Candidate Name Rep. Daniel B. Maffei Office Sought: X House Senate NY 13214 Purpose of Disbursement Contribution Candidate Name Rep. Daniel B. Maffei Office Sought: X House Senate NY 13214 Purpose of Disbursement Contribution Candidate Name Rep. Daniel B. Maffei Office Sought: X House Senate President Senate Pre	Contribution					-						ÎOC	0.00	
Senate President State: OR District: 05 Full Name (Last, First, Middle Initial) Markey For Congress Mailing Address PO Box 1333 City State Zip Code CO 80521 Purpose of Disbursement Contribution Candidate Name Rep. Betsy Markey Office Sought: X House Senate President State: CO District: 04 Full Name (Last, First, Middle Initial) Principle of Disbursement For: 2010 Senate President Other (specify) ▼ City For Collins CO 80521 Category/ Type Contribution Category/ Type Contribution Category/ Type Contribution Category/ Type Contribution Transaction ID: 18012310 Category/ Type Contribution Category/ Type Contribution Transaction ID: 18012311 Date of Disbursement For: 2010 Senate President State: CO District: 04 Full Name (Last, First, Middle Initial) Friends Of Dan Maffei Mailing Address PO Box 74 City State Zip Code NY 13214 City State Zip Code NY 13214 City State Zip Code NY 13214 City State	Rep. Kurt Schrader	l Bishama		2010		_	-							
Full Name (Last, First, Middle Initial) Markey For Congress Mailing Address PO Box 1333 City State Zip Code Fort Collins CO 80521 Purpose of Disbursement Contribution Candidate Name Rep. Betsy Markey Office Sought: X House President State: CO District: 04 Full Name (Last, First, Middle Initial) Friends Of Dan Maffel Mailing Address PO Box 74 City State Zip Code Seneral Other (specify) ▼ Contribution Contribution Transaction ID: 18012310 Date of Disbursement this Peric Price of Disbursement this Peric Price of Disbursement this Peric Price of Disbursement Tor: 2010 Contribution Transaction ID: 18012311 Category/ Type Contribution Transaction ID: 18012311 Date of Disbursement this Peric Price of Disbursement Tor: 2010 Contribution Transaction ID: 18012311 Date of Disbursement this Peric Price of Disbursement Tor: 2010 Contribution Transaction ID: 18012311 Date of Disbursement this Peric Price of Disbursement Tor: 2010 Transaction ID: 18012311 Date of Disbursement this Peric Price of Disbursement Tor: 2010 Transaction ID: 18012311 Date of Disbursement this Peric Price of Disbursement Tor: 2010 Transaction ID: 18012311 Date of Disbursement this Peric Price of Disbursement Tor: 2010 Transaction ID: 18012311 Date of Disbursement this Peric Price of Disbursement Tor: 2010 Transaction ID: 18012311 Date of Disbursement this Peric Price of Disbursement Tor: 2010 Transaction ID: 18012311 Date of Disbursement this Peric Price of Disbursement Tor: 2010 Transaction ID: 18012311 Date of Disbursement Tor: 2010 Transaction ID: 1801231	Senate President		Primary	General				Contri	ibuti	ion				
City State Zip Code CO 80521 Purpose of Disbursement Contribution Candidate Name Rep. Betsy Markey Office Sought: X House President State: CO District: 04 Full Name (Last, First, Middle Initial) Friends Of Dan Maffei Mailing Address PO Box 74 City Syracuse NY 13214 Purpose of Disbursement Contribution Candidate Name Rep. Daniel B. Maffei Office Sought: X House State Zip Code NY 13214 Purpose of Disbursement Contribution Candidate Name Rep. Daniel B. Maffei Office Sought: X House Senate NY District: 25 Disbursement For: 2010 Amount of Each Disbursement this Period Contribution	Full Name (Last, First, Middle Initial)											2310		
Fort Collins CO 80521 Purpose of Disbursement Contribution Candidate Name Rep. Betsy Markey Office Sought:	Mailing Address PO Box 1333	}							M /	1	6 /	ž	0 Ĭ 0	Y
Contribution Candidate Name Rep. Betsy Markey Office Sought: X House Senate President State: CO District: 04 Full Name (Last, First, Middle Initial) Friends Of Dan Maffei Mailing Address PO Box 74 City State Zip Code Syracuse NY 13214 Purpose of Disbursement Contribution Candidate Name Rep. Daniel B. Maffei Office Sought: X House Senate President Senate President Senate Primary General Office Sought: Disbursement For: 2010 Category/ Type Contribution Candidate Name Rep. Daniel B. Maffei Office Sought: X House Senate President State: NY District: 25 SUBTOTAL of Disbursements This Page (optional)								Amou	nt of	Each	Disburse			erioc
Rep. Betsy Markey Office Sought:	Contribution									•		100	00.00	
Senate President Other (specify) ▼ Full Name (Last, First, Middle Initial) Friends Of Dan Maffei Mailing Address PO Box 74 City State Zip Code Syracuse NY 13214 Purpose of Disbursement Contribution Candidate Name Rep. Daniel B. Maffei Office Sought: X House President State: NY District: 25 SUBTOTAL of Disbursements This Page (optional)	Rep. Betsy Markey		_	-										
Friends Of Dan Maffei Mailing Address PO Box 74 City State Zip Code NY 13214 Purpose of Disbursement Contribution Candidate Name Rep. Daniel B. Maffei Office Sought: X House Senate President State: NY District: 25 SUBTOTAL of Disbursements This Page (optional)	Senate President		Primary	General				Contri	ibuti	ion				
City State Zip Code Syracuse NY 13214 Purpose of Disbursement Contribution Candidate Name Rep. Daniel B. Maffei Office Sought: X House Senate President State: NY District: 25 SUBTOTAL of Disbursements This Page (optional) State Zip Code NY 13214 Amount of Each Disbursement this Period Code NY Primary General Category/ Type Contribution Contribution Amount of Each Disbursement this Period Contribution	, , ,	· · ·						Date of	of Di	sburse	ment			
Syracuse Purpose of Disbursement Contribution Candidate Name Rep. Daniel B. Maffei Office Sought: X House President State: NY District: 25 SUBTOTAL of Disbursements This Page (optional) NY 13214 1000.00 Category/ Type Category/ Type Contribution Contribution	Mailing Address PO Box 74							0 ^M 2	M /	1	6 /	ž	0 Ĭ 0	Y
Contribution Candidate Name Rep. Daniel B. Maffei Office Sought: X House Senate President President State: NY District: 25 SUBTOTAL of Disbursements This Page (optional) Other (specify) Toategory/ Type Contribution Category/ Type Contribution								Amou	nt of	Each	Disburse			eriod
Rep. Daniel B. Maffei Office Sought: X House Senate President State: NY District: 25 SUBTOTAL of Disbursements This Page (optional)	Contribution	Contribution							0	•		100	00.00	
Senate President Other (specify) State: NY District: 25 SUBTOTAL of Disbursements This Page (optional)	Rep. Daniel B. Maffei	Rep. Daniel B. Maffei Typ												
SUBTOTAL of Disbursements This Page (optional)	Senate President		Primary	General				Contri	ibuti	ion				
		age (optional)					•				•	300	0.00	
· · · · · · · · · · · · · · · · · · ·												•		

	CHEDULE B (FEC FOIII 3X)	Use separate schedule(s	3)			E NUMBER: PAGE 28/38 lly one)
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page			21b 27	22 X 23 24 25 28 28b 28c 29
	y Information copied from such Reports and State for commercial purposes, other than using the na					
$\left.\right\rangle$	NAME OF COMMITTEE (In Full) American Hospital Association PAC		<u></u>			0.00.00.00.00.00.00.00.00.00.00.00.00.0
<u>′ </u>	Full Name (Last, First, Middle Initial) Friends Of Jane Harman					Transaction ID: 18012312 Date of Disbursement
	Mailing Address PO Box 96					02 / 16 / 2010
	City Torrance	State Zip Code CA 90507				Amount of Each Disbursement this Peri
	Purpose of Disbursement Contribution			011		2000.00
	Candidate Name Rep. Jane Harman			atego Type	•	
	Senate President	sement For: 2010 X Primary General Other (specify)				Contribution
	State: CA District: 36 Full Name (Last, First, Middle Initial) Opportunity & Renewal Act (OR) PAC					Transaction ID: 18083225 Date of Disbursement
	Mailing Address 2236 SE 10th Avenue					$\begin{bmatrix} M & M & M \\ 0 & 2 & M \end{bmatrix} / \begin{bmatrix} D & D & D \\ 2 & 2 \end{bmatrix} / \begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{bmatrix}$
	City Portland	State Zip Code OR 97214				Amount of Each Disbursement this Peri
	Purpose of Disbursement 2010 Contribution	0		011		2500.00
	Candidate Name Opportunity & Renewal Act (OR) PAC			atego Type		
	Office Sought: House Senate President State: District:	sement For: Primary General Other (specify) ▼	•			2010 Contribution
	Full Name (Last, First, Middle Initial) We the People PAC					Transaction ID: 18083236 Date of Disbursement
	Mailing Address PO Box 2232					02 7 2 2 7 2 0 1 0
	City Jenkintown	State Zip Code PA 19046				Amount of Each Disbursement this Peri
	Purpose of Disbursement 2010 Contribution			011		2500.00
	Candidate Name We the People PAC			atego Type		
	Office Sought: House Disbur Senate President	sement For: Primary General Other (specify)				2010 Contribution
	State: District:	•e. (epeey) •				

Detailed Summary Page	CHEDULE B (FEC Form 3X) FEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the	(check only	<u> </u>
r for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (in Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Friends For Harry Reid Mailing Address P.O. Box 19163 City State Zip Code Las Vegas Purpose of Disbursement Contribution Condidate Name Sen. Harry Reid Office Sought: House Disbursement For: 2010 Primary X General President State: NV District: Full Name (Last, First, Middle Initial) City State Zip Code Primary X General Disbursement Disbursem			27	28a 28b 28c 29
American Hospital Association PAC Full Name (Last, First, Middle Initial) Friends For Harry Reid Mailing Address P.O. Box 19163 City State Zip Code Las Vegas NV 89132 Purpose of Disbursement Contribution Candidate Name Sen. Harry Reid Office Sought: House Primary X General Pr				
Friends For Harry Reid Mailing Address P.O. Box 19163 City State Zip Code NV 89132 Purpose of Disbursement Contribution Candidate Name Sen. Harry Reid City District: Full Name (Last, First, Middle Initial) Contribution Condidate Name Rep. Elijah E. Cummings Rep. Elijah E. Cummings Cother (specify) ▼ Full Name (Last, First, Middle Initial) Markey For Congress Mailing Address PO Box 1333 City Senate President State: MD District: Full Name (Last, First, Middle Initial) Condidate Name Rep. Elijah E. Cummings Cother (specify) ▼ Full Name (Last, First, Middle Initial) Markey For Congress Mailing Address PO Box 1333 City Senate President State: MD District: 07 Full Name (Last, First, Middle Initial) Markey For Congress Mailing Address PO Box 1333 City Senate President Cother (specify) ▼ Full Name (Last, First, Middle Initial) Markey For Congress Mailing Address PO Box 1333 City Senate President Cother (specify) ▼ Full Name (Last, First, Middle Initial) Markey For Congress Mailing Address PO Box 1333 City Senate Purpose of Disbursement Contribution	. ,			
City Vegas NV 89132 City Vegas NV 89132 Purpose of Disbursement Contribution Candidate Name Sen. Harry Reid Office Sought: Vegas NV 89132 Full Name (Last, First, Middle Initial) Cummings For Congress Mailing Address PO Box 1631 City State: MD District: Full Name (Last, First, Middle Initial) Contribution Candidate Name Rep. Elijah E. Cummings Office Sought: X House Senate President State: MD District: Full Name (Last, First, Middle Initial) Contribution Candidate Name Rep. Elijah E. Cummings Contribution Contribution Condidate Name Rep. Elijah E. Cummings Contribution Condidate Name Condidat			Date of Disbursement	
Purpose of Disbursement Contribution Candidate Name Sen. Harry Reid Office Sought:	Mailing Address P.O. Box 19163			
Contribution Candidate Name Sen. Harry Reid Office Sought: House Primary X General Primary X General President President Primary X General President President Primary X General Date of Disbursement Date of Disbursement this Peri Date of Disbursement this Peri Date of Disbursement Date of Date				Amount of Each Disbursement this Period
Sen. Harry Reid Office Sought: House Primary X General Other (specify) ▼ State: NV District: Pull Name (Last, First, Middle Initial) Other (specify) ▼ Cummings For Congress Campaign Committee Mailing Address PO Box 1631 Other (specify) ▼ City State Zip Code Baltimore MD 21203 Other (specify) ▼ Purpose of Disbursement Other (specify) ▼ Office Sought: X House President President Other (specify) ▼ State: MD District: 07 Full Name (Last, First, Middle Initial) Other (specify) ▼ Contribution Candidate Name President Other (specify) ▼ Contribution Other (specify) Trype Other (specify)	•		011	1000.00
State: NV District: Primary X General Other (specify) ▼				
Full Name (Last, First, Middle Initial) Cummings For Congress Campaign Committee Mailing Address PO Box 1631 City State Zip Code Baltimore MD 21203 Purpose of Disbursement Contribution Candidate Name Rep. Elijah E. Cummings Office Sought: X House Senate President State: MD District: 07 Full Name (Last, First, Middle Initial) Markey For Congress Mailing Address PO Box 1333 City State Zip Code Code Substrate Initial State	χ Senate President	Primary X General		Contribution
Mailing Address PO Box 1631 City State Zip Code Baltimore MD 21203 Purpose of Disbursement Contribution Candidate Name Rep. Elijah E. Cummings Office Sought: X House Senate President State: MD District: 07 Full Name (Last, First, Middle Initial) Markey For Congress Mailing Address PO Box 1333 City State Zip Code Contribution Contribution City State Zip Code Contribution City State Zip Code Contribution Contribution Contribution Candidate Name Rep. Betsy Markey Office Sought: X House Senate President Disbursement For: 2010 Senate Contribution Contribution Contribution Contribution	Full Name (Last, First, Middle Initial)	mittee		
Baltimore MD 21203 Purpose of Disbursement Contribution Candidate Name Rep. Elijah E. Cummings Office Sought:				
Purpose of Disbursement Contribution Candidate Name Rep. Elijah E. Cummings Office Sought: X House Senate President State: MD District: 07 Full Name (Last, First, Middle Initial) Markey For Congress Mailing Address PO Box 1333 City State Zip Code Fort Collins CO 80521 Purpose of Disbursement Contribution Candidate Name Rep. Betsy Markey Office Sought: X House Senate President X Primary General Other (specify) ▼ Transaction ID: 18086150 Date of Disbursement O 2				Amount of Each Disbursement this Peri
Candidate Name Rep. Elijah E. Cummings Office Sought:	Purpose of Disbursement		011	1000.00
Senate			Category/	
Markey For Congress Mailing Address PO Box 1333 City State Zip Code Fort Collins CO 80521 Purpose of Disbursement Contribution Candidate Name Rep. Betsy Markey Office Sought: X House Senate President Date of Disbursement M M M / D D D M / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Senate X President	C Primary General		Contribution
Mailing Address PO Box 1333 City State Zip Code Fort Collins CO 80521 Purpose of Disbursement Contribution Candidate Name Rep. Betsy Markey Office Sought: X House Senate President President Disbursement For: 2010 X Primary General Other (specify) ▼ Category/ Type Contribution Contribution Contribution Contribution Contribution Contribution Contribution	,			
Fort Collins CO 80521 Purpose of Disbursement Contribution Candidate Name Rep. Betsy Markey Office Sought: X House Senate President Disbursement For: 2010 X Primary General Other (specify) Contribution Contribution Contribution	Mailing Address PO Box 1333			$\begin{bmatrix} \begin{smallmatrix} M & M \\ D & Z \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ Z & Z \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ Z & D & I & O \end{smallmatrix} \end{bmatrix}$
Purpose of Disbursement Contribution Candidate Name Rep. Betsy Markey Office Sought: X House Senate President Disbursement For: X Primary General Other (specify) Contribution Contribution Contribution				Amount of Each Disbursement this Peri
Candidate Name Rep. Betsy Markey Office Sought: X House Senate President Disbursement For: 2010 X Primary General Other (specify)			011	1000.00
Office Sought: X House Senate President Disbursement For: 2010 X Primary General Other (specify) ▼ Contribution			Category/	
	Senate	Primary General		Contribution
	State: CO District: 04			

	CHEDULE B (FEC FOIII 3X)	Use separate schedule(s	s)		check on	E NUMBER: PAGE 30 / 38
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		Ē	21b 27	22 X 23 24 25 28 28a 28b 28c 29
	y Information copied from such Reports and S for commercial purposes, other than using the					
\rangle	NAME OF COMMITTEE (In Full) American Hospital Association PAC	*				
<u> </u>	Full Name (Last, First, Middle Initial) Allyson Schwartz For Congress					Transaction ID: 18086281 Date of Disbursement
	Mailing Address P.O. Box 2232					02 7 2010
	City Jenkintown	State Zip Code PA 19046				Amount of Each Disbursement this Peri
	Purpose of Disbursement Contribution			Ō	11	1000.00
	Candidate Name Rep. Allyson Y. Schwartz		С		egory/ vpe	
	Office Sought: X House Senate President State: PA District: 13	bursement For: 2010 X Primary General Other (specify) ▼				Contribution
	Full Name (Last, First, Middle Initial) Team Emerson For Jo Ann Emerson					Transaction ID: 18086435 Date of Disbursement
	Mailing Address P.O. Box 822 400 Broadway, Suite	: 501				$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City Cape Girardeau	State Zip Code MO 63702				Amount of Each Disbursement this Peri
	Purpose of Disbursement Contribution			_	11	1000.00
	Candidate Name Jo Emerson				egory/ /pe	
	Office Sought: X House Senate President State: MO District: 08	bursement For: 2010 Primary X General Other (specify) ▼				Contribution
	Full Name (Last, First, Middle Initial) Kosmas For Congress					Transaction ID: 18086594 Date of Disbursement
	Mailing Address PO Box 1547					$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City New Smyrna Beach	State Zip Code FL 32170				Amount of Each Disbursement this Peri
	Purpose of Disbursement Contribution			_	11	1000.00
	Candidate Name Rep. Suzanne M. Kosmas				egory/ vpe	
	Office Sought: X House Senate President State: FL District: 24	bursement For: 2010 X Primary General Other (specify)				Contribution
		onal)				3000.00

	CHEDULE B (FEC FOIIII 3X	' Use separate schedule(s)	(check or	E NUMBER: PAGE 31 / 38
	EMIZED DISBURSEMENTS	Detailed Summary Page	21b 27	22 X 23 24 25 28a 28b 28c 29
	y Information copied from such Reports and or commercial purposes, other than using the			
\rangle	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
<i></i>	Full Name (Last, First, Middle Initial) Larson For Congress			Transaction ID: 18086596 Date of Disbursement
	Mailing Address 29 Ruff Circle			02 7 22 7 2010
	City Glastonbury	State Zip Code CT 06033		Amount of Each Disbursement this Perio
	Purpose of Disbursement Contribution		011	1000.00
	Candidate Name Rep. John B. Larson		Category/ Type	
	Senate President	isbursement For: 2010 X Primary General Other (specify)		Contribution
	State: CT District: 01 Full Name (Last, First, Middle Initial)			Transaction ID: 18086604
	Larson For Congress			Date of Disbursement O 2 D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 29 Ruff Circle			02 22 2010
	City Glastonbury	State Zip Code CT 06033		Amount of Each Disbursement this Perio
	Purpose of Disbursement Contribution		011	1500.00
	Candidate Name Rep. John B. Larson		Category/ Type	
	Office Sought: X House Senate President State: CT District: 01	isbursement For: 2010 Primary X General Other (specify)		Contribution
	Full Name (Last, First, Middle Initial) Daniel K Inouye For U S Senate			Transaction ID: 18086606 Date of Disbursement
	Mailing Address 1088 Bishop St Su	ite 1009		02 7 22 7 2010
	City Honolulu	State Zip Code HI 96813		Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution		011	200.00
	Candidate Name Sen. Daniel K. Inouye		Category/ Type	
	X Senate President	isbursement For: 2010 X Primary General Other (specify)		Contribution
_	State: HI District:	tional)		2700.00

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	_		NUMBE	R:			PAGE	32/	38
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	<u>`</u>	eck onl 21b 27	22 28a	Х	23 28b		24 28c	25 29	26
Any Information copied from such Reports and State or for commercial purposes, other than using the r										3
NAME OF COMMITTEE (In Full) American Hospital Association PAC	a a.u aan soo s. a., pssa						-			
Full Name (Last, First, Middle Initial) Kirkpatrick For Arizona						ion ID:		808669	6	
Mailing Address PO Box 993				0 ^M 2	М	[/] 2	2 2	/ Y	ž 0 1 () Y
City Prescott	State Zip Code AZ 86302			Amo	unt o	f Each	Dis	burseme		-
Purpose of Disbursement Contribution		011		<u>L.</u>				4	00.00)
Candidate Name Rep. Ann Kirkpatrick	-	tego Type	,							
Senate President	rrsement For: 2010 X Primary General Other (specify) ▼			Cont	ribut	tion				
State: AZ District: 01 Full Name (Last, First, Middle Initial) Kirkpatrick For Arizona						ion ID:		808669	8	
Mailing Address PO Box 993				0 ^M 2	М		2 2		ž 0 1 () Y
City Prescott	State Zip Code AZ 86302			Amo	unt o	f Each	Dis	burseme	nt this	Period
Purpose of Disbursement Contribution		011		L.				1	00.00)
Candidate Name Rep. Ann Kirkpatrick		tego Type								
Office Sought: X House Senate President State: AZ District: 01	ursement For: 2010 Primary X General Other (specify) ▼			Cont	ribut	tion				
Full Name (Last, First, Middle Initial) Paul Tonko For Congress				Date	of D	isburs	eme	-		
Mailing Address 911 Central Avenue PO Box 221				0 ^M 2	М	[/] 2	2 2	/ Y	ž 0 1 () ^Y
City Albany	State Zip Code NY 12206			Amo	unt o	f Each	Dis	burseme	-	
Purpose of Disbursement Contribution		011		L.				1	00.00)
Candidate Name Rep. Paul David Tonko		tego Type								
Office Sought: X House Disbrict: Senate President State: NY District: 21	rsement For: 2010 X Primary General Other (specify) ▼			Cont	ribut	tion				
SUBTOTAL of Disbursements This Page (option	al)		•					60	00.00)
TOTAL This Period (last page this line number of	•		<u> </u>							

SCHEDULE B (FEC	•		arate schedule(s)			LINE k only	NUMBE	R:		P	AGE	33 / 38	3
ITEMIZED DISBUR		Detailed :	category of the Summary Page		2 2	1b	22 28a		8b	24 28c		25 29	
Any Information copied from su or for commercial purposes, ot													
NAME OF COMMITTEE (American Hospital Ass	In Full)		, , , ,										
Full Name (Last, First, Mid Cantor For Congress	dle Initial)							action of Disb		18086 nent	6700		
Mailing Address P. O.	Box 17813						0 ^M 2	M /	^D 2 2	9 /	^Y ^Y 2	0 Ĭ 0	Υ
City Richmond		State VA	Zip Code 23226				Amou	nt of E	ach D	isburse	-	-	erio
Purpose of Disbursement Contribution				_	011		L.				100	00.00	
Candidate Name Rep. Eric I. Cantor Office Sought: X Hou	Diobus	sement For:	2010		tegory Type	//							
Ser	ate sident	Primary Other (spe	X General				Contr	butio	n				
Full Name (Last, First, Mid Democrats Win Seats	dle Initial)							action of Disb		18086 nent	6701		
Mailing Address 1071	Turin Branch Lan	е					0 ^M 2	M /	^D 2 5) /	ž Ž	0 Ĭ 0	Y
City Weston		State FL	Zip Code 33326				Amou	nt of E	ach D	isburse	ement	this Po	erio
Purpose of Disbursement 2010 Contribution					011						150	00.00	
Candidate Name Democrats Win Seats	PAC				tegory Γype	'/							
Office Sought: Hou Ser Pre State: District	ate sident	rsement For: Primary Other (spe	General ecify) ▼				2010	Contr	ibutic	on			
Full Name (Last, First, Mid Upton For All Of Us	dle Initial)						Date of	of Disb	ursen				
Mailing Address P.O.	Box 490						0 ^M 2	М /	^D 2 5		ž	010	Y
City St. Joseph		State MI	Zip Code 49085				Amou	nt of E	ach D	isburse			erio
Purpose of Disbursement Contribution Candidate Name					011						150	00.00	_
Rep. Frederick Stephe	·				tegory Γype	"							
Office Sought: X Hou	ate	x Sement For: X Primary Other (spe	2010 General				Contr	butio	n				
	sident · 06	Other (spe	Olly) \										

TEMIZED DISBURSEMENTS for each category of the called Summary Page called Summar	SCHEDULE B (FEC FOIII 3X)	Use separate schedule(s) (check onl	E NUMBER: PAGE 34/38 ly one)
NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Michael Burgess For Congress Mailing Address Office Sought: X House President State: RI District: 02 City Warwick RI Office Sought: X House Rap, James R. Langevin Office Sought: X House President State: RI District: 02 Full Name (Last, First, Middle Initial) Candidate Name Rep, Earl Blumenauer Mailing Address 830 Ne Holladay, #105 City City State President State: Zip Code TX 76202 Amount of Each Disbursement this Peric Category/ Type Contribution Contribution Contribution Contribution Transaction ID: 18086706 Date of Disbursement Contribution Contribution Contribution Contribution Caredidate Name Rep, Earl Blumenauer Office Sought: X House President Caredidate Name Rep, Earl Blumenauer Office Sought: X House President City Portland Office Sought: X House President City Portland Office Sought: X House President Contribution Category/ Type Contribution Category/ Type Contribution Category/ Type Contribution Contribution Category/ Type Contribution Category/ Type Contribution Contribution Category/ Portland Office Sought: X House President City Portland Office Sought: X House President Contribution Category/ Type Contribution Category/ Type Contribution Category/ Type Contribution Category/ Type Contribution Contribu	TEMIZED DISBURSEMENTS	, ,	21b 27	22 X 23 24 25 28a 28b 28c 29
American Hospital Association PAC Full Name (Last, First, Middle Initial) Michael Burgess For Congress Mailing Address PO Box 2334 City State Zip Code Denton TX 76202 Purpose of Disbursement Contribution Candidate Name President State: TX District: 28 Full Name (Last, First, Middle Initial) Langevin For Congress Mailing Address 181-A Knight St City State Zip Code Type Office Sought: X House President State: TX District: 28 Full Name (Last, First, Middle Initial) Langevin For Congress Mailing Address 181-A Knight St City State Zip Code RI 02886 Purpose of Disbursement Contribution Candidate Name Rep. James R. Langevin Office Sought: X House President State: TX District: 02 Full Name (Last, First, Middle Initial) Contribution Candidate Name Rep. James R. Langevin Office Sought: X House President State: TX District: 02 Full Name (Last, First, Middle Initial) City State Zip Code Rep. Earl Blumenauer Office Sought: X House President State: TX District: 02 Full Name (Last, First, Middle Initial) City State: Type Code President State: RI District: 02 Full Name (Last, First, Middle Initial) City State: Type Code President State: RI District: 02 Full Name (Last, First, Middle Initial) City State: Type Code President State: RI District: 02 City Portland OR 97232 Purpose of Disbursement Contribution Candidate Name Rep. Earl Blumenauer Office Sought: X House Senate President Type Office Sought: X House Senate	r for commercial purposes, other than using the na			
Michael Burgess For Congress Mailing Address PO Box 2334 City State Zip Code Dentron TX 76202 Purpose of Disbursement Contribution Candidate Name Mailing Address No. Disbursement For: 2010 Senate President Senate President Other (specify) ▼ Contribution City State Zip Code TX 76202 Primary General President State: TX District: 26 Equipment State: TX District: 26 Senate President Other (specify) ▼ Contribution Transaction ID: 18086706 Date of Disbursement this Period Contribution Contribution Transaction ID: 18086706 Date of Disbursement ID: 2010 Date of Disbursement this Period Contribution Transaction ID: 18086706 Date of Disbursement ID: 18086707 Date of Disbu	` '			
City State Type Office Sought: X House President City Warwick RI Disbursement Contribution Candidate Name Mr. Michael C. Buryess Office Sought: X Primary General Disbursement For: 2010 X Primary General Other (specify) ▼ Contribution Transaction ID: 18086706 Date of Disbursement Contribution Candidate Name Rep. Earl Blumenauer Office Sought: X House President State: TX District: 26 Full Name (Last, First, Middle Initial) Langevin For Congress Mailing Address 181-A Knight St City State Zip Code RI 02886 Purpose of Disbursement Contribution Candidate Name Rep. James R. Langevin Office Sought: X House Other (specify) ▼ State: RI District: 02 Full Name (Last, First, Middle Initial) Blumenauer For Congress Mailing Address 830 Ne Holladay, #105 City State Zip Code OR 97232 Amount of Each Disbursement this Perio Contribution Contribution Contribution Contribution Candidate Name Rep. Earl Blumenauer Office Sought: X House Disbursement For: 2010 OR 97232 Disbursement Contribution Candidate Name Rep. Earl Blumenauer Office Sought: X House Disbursement For: 2010 OR 97232 Disbursement Contribution Candidate Name Rep. Earl Blumenauer Disbursement For: 2010 Original Canadate Name Rep. Earl Blumenauer Disbursement For: 2010 Original Canadate Name Rep. Earl Blumenauer Disbursement For: 2010 Original Canadate Name Rep. Earl Blumenauer Disbursement For: 2010 Original Canadate Name Rep. Earl Blumenauer Disbursement For: 2010 Original Canadate Name President Disbursement For: 2010 Original Canadate Name Contribution				Date of Disbursement
Denton TX 76202 Purpose of Disbursement Contribution Candidate Name Mr. Michael C. Burgess Office Sought:	Mailing Address PO Box 2334			02 25 7 2010
Contribution Candidate Name Mr. Michael C. Burgess Office Sought:				
Mr. Michael C. Burgess Office Sought:	Contribution			1000.00
Senate President State: TX District: 26 Full Name (Last, First, Middle Initial) Langevin For Congress Mailing Address 181-A Knight St City Warwick RI 02886 Purpose of Disbursement Contribution Candidate Name Rep. James R. Langevin Office Sought: X House President State: RI District: 02 Full Name (Last, First, Middle Initial) Senate Propose of Disbursement For: 2010 Contribution Contribution Transaction ID: 18086706 Date of Disbursement this Period Contribution Amount of Each Disbursement this Period Contribution Contribution Contribution Transaction ID: 18086707 Date of Disbursement this Period Contribution Transaction ID: 18086707 Date of Disbursement this Period Contribution Transaction ID: 18086707 Date of Disbursement this Period Contribution Transaction ID: 18086707 Date of Disbursement this Period Contribution Transaction ID: 18086707 Date of Disbursement this Period Contribution Transaction ID: 18086707 Date of Disbursement this Period Contribution Or 2	Mr. Michael C. Burgess	reament For: 2010	, ,	
Full Name (Last, First, Middle Initial) Langevin For Congress Mailing Address 181-A Knight St City State Zip Code RI 02886 Purpose of Disbursement Contribution Candidate Name Rep. James R. Langevin Office Sought: X House President State: RI District: 02 Full Name (Last, First, Middle Initial) Blumenauer For Congress Mailing Address 830 Ne Holladay, #105 City State Zip Code Contribution City Portland OR 97232 Purpose of Disbursement Contribution City State Zip Code OR 97232 Purpose of Disbursement Contribution Candidate Name Rep. Earl Blumenauer Office Sought: X House Disbursement Contribution City State Zip Code OR 97232 Contribution City State Zip Code OR 97232 Contribution	Senate President	X Primary General		Contribution
City Warwick RI 02886 Purpose of Disbursement Contribution Candidate Name Rep. James R. Langevin Office Sought: X House Senate President President State: RI District: 02 Full Name (Last, First, Middle Initial) Blumenauer For Congress Mailing Address 830 Ne Holladay, #105 City State Zip Code OR 97232 Purpose of Disbursement Contribution City State Zip Code OR 97232 Purpose of Disbursement Contribution Candidate Name Rep. Earl Blumenauer Office Sought: X House Disbursement For: 2010 Candidate Name Rep. Earl Blumenauer Office Sought: X House Senate Primary X General Other (specify) ▼ Contribution	Full Name (Last, First, Middle Initial)			
Warwick RI 02886 Purpose of Disbursement Contribution Candidate Name Rep. James R. Langevin Office Sought: X House Senate President President State: RI District: 02 Full Name (Last, First, Middle Initial) Blumenauer For Congress Mailing Address 830 Ne Holladay, #105 City State Zip Code Portland OR 97232 Purpose of Disbursement Contribution Candidate Name Rep. Earl Blumenauer Office Sought: X House Senate Primary X General Other (specify) ▼ Contribution Category/ Type Amount of Each Disbursement this Peric Category/ Type Contribution Contribution Contribution Contribution Contribution Other (specify) ▼ Contribution Contribution Contribution Contribution	Mailing Address 181-A Knight St		$ \begin{bmatrix} M & M \\ 0 & 2 \end{bmatrix} \begin{bmatrix} D & D \\ 2 & 5 \end{bmatrix} \begin{bmatrix} Y & Y & Y & Y & Y & Y & Y & Y & Y & Y &$	
Contribution Candidate Name Rep. James R. Langevin Office Sought:	•			Amount of Each Disbursement this Perio
Rep. James R. Langevin Office Sought: X House Senate President State: RI District: 02 Full Name (Last, First, Middle Initial) Blumenauer For Congress Mailing Address 830 Ne Holladay, #105 City State Zip Code Portland OR 97232 Purpose of Disbursement Contribution Candidate Name Rep. Earl Blumenauer Office Sought: X House Senate President Disbursement For: 2010 Amount of Each Disbursement this Period Contribution Candidate Name Rep. Earl Blumenauer Office Sought: X House Senate Primary A General Other (specify) ▼ Contribution	Contribution		011	1000.00
Senate President Other (specify) ▼ State: RI District: 02 Full Name (Last, First, Middle Initial) Blumenauer For Congress Mailing Address 830 Ne Holladay, #105 City State Zip Code Portland OR 97232 Purpose of Disbursement Contribution Candidate Name Rep. Earl Blumenauer Office Sought: X House Senate Primary X General Other (specify) ▼ Contribution	Rep. James R. Langevin		1 .	
Blumenauer For Congress Mailing Address 830 Ne Holladay, #105 City State Zip Code Portland OR 97232 Purpose of Disbursement Contribution Candidate Name Rep. Earl Blumenauer Office Sought: X House Senate Primary X General Other (specify) President Date of Disbursement 0 2 0 1 0 2 5 7 2 0 1 0 7 Amount of Each Disbursement this Period Contribution Category/ Type Contribution Contribution Contribution Contribution Contribution Contribution	Senate President	X Primary General		Contribution
City State Zip Code Portland OR 97232 Purpose of Disbursement Contribution Candidate Name Rep. Earl Blumenauer Office Sought: X House Senate Primary X General President Other (specify) Type Amount of Each Disbursement this Period 1000.00 Contribution Contribution Contribution Contribution Contribution	,			Date of Disbursement
Portland OR 97232 Purpose of Disbursement Contribution Candidate Name Rep. Earl Blumenauer Office Sought:	Mailing Address 830 Ne Holladay, #105	5		02 25 2010
Contribution Candidate Name Rep. Earl Blumenauer Office Sought: X House Senate Primary President Disbursement For: Primary X General Other (specify) Category/ Type Contribution Contribution				
Rep. Earl Blumenauer Office Sought: X House Senate Primary President Disbursement For: 2010 Contribution Contribution	Contribution			1000.00
Senate Primary X General President Other (specify) ▼	Rep. Earl Blumenauer	2015		-
State: UH DISTRICT: U3	Senate President	Primary X General		Contribution
	State: UH DISTRICT: U3			

IT		Form 3X)	Use sepa	arate schedule(s)	FOR LINE		PAGE 35/38
	EMIZED DISBURS	EMENTS	for each	category of the Summary Page	(check onl	y one) 22 X 23 24 28a 28b 28	
	y Information copied from such for commercial purposes, othe						
\sum_{i}	NAME OF COMMITTEE (In American Hospital Assoc	Full)	and and addition	oo or arry pointiour			
	Full Name (Last, First, Middle Dave Camp For Congres					Transaction ID: 180 Date of Disbursement	86709
	Mailing Address 5915 E Suite 1	astman Avenue)			02 7 25	^Y 2010 ^Y
	City Midland		State MI	Zip Code 48640		Amount of Each Disbur	rsement this Period
	Purpose of Disbursement Contribution Candidate Name				011 Category/		2500.00
	Rep. David Lee Camp Office Sought: X House Senate Preside	Э	rsement For: X Primary Other (spe	2010 General	Туре	Contribution	
	State: MI District: C Full Name (Last, First, Middle Mike McIntyre For Congr	Initial)				Transaction ID: 180 Date of Disbursement	86710
	Mailing Address P.O. Bo	ox 1				$0^{M}2^{M}$ / $0^{D}2^{D}$ /	2010
	City Lumberton		State NC	Zip Code 28359		Amount of Each Disbur	rsement this Period
	Lumberton Purpose of Disbursement Contribution Candidate Name				011 Category/	Amount of Each Disbur	rsement this Period
	Lumberton Purpose of Disbursement Contribution	e lent		28359 2010 General		Amount of Each Disbur	
	Lumberton Purpose of Disbursement Contribution Candidate Name Rep. Mike McIntyre Office Sought: X House Senate Preside	elent 17 Initial)	NC rsement For: X Primary	28359 2010 General	Category/	Contribution Transaction ID: 180 Date of Disbursement	500.00
	Lumberton Purpose of Disbursement Contribution Candidate Name Rep. Mike McIntyre Office Sought: X House Senate President State: NC District: C	elent 17 Initial) ess	NC rsement For: X Primary	28359 2010 General	Category/	Contribution Transaction ID: 180	500.00
	Lumberton Purpose of Disbursement Contribution Candidate Name Rep. Mike McIntyre Office Sought: X House Senate Presic State: NC District: C Full Name (Last, First, Middle Mike McIntyre For Congression)	elent 17 Initial) ess	NC rsement For: X Primary	28359 2010 General	Category/	Contribution Transaction ID: 180 Date of Disbursement	500.00 86711 Y Y Y O Y O Y O Y O Y O Y O Y O Y O Y
	Lumberton Purpose of Disbursement Contribution Candidate Name Rep. Mike McIntyre Office Sought: X House Senate Presid State: NC District: C Full Name (Last, First, Middle Mike McIntyre For Congr Mailing Address P.O. Bo City Lumberton Purpose of Disbursement Contribution	elent 17 Initial) ess	rsement For: X Primary Other (spe	28359 2010 General ecify) Zip Code	Category/ Type	Contribution Transaction ID: 180 Date of Disbursement M 2 M / 2 5	500.00 86711
	Lumberton Purpose of Disbursement Contribution Candidate Name Rep. Mike McIntyre Office Sought: Senate Presid State: NC Full Name (Last, First, Middle Mike McIntyre For Congr Mailing Address City Lumberton Purpose of Disbursement Contribution Candidate Name Rep. Mike McIntyre	elent 177 Partitial) ess ox 1	rsement For: X Primary Other (spe	2010 General ecify) ▼ Zip Code 28359	Category/ Type	Contribution Transaction ID: 180 Date of Disbursement M 2 M / 2 5	500.00 86711 Y
	Lumberton Purpose of Disbursement Contribution Candidate Name Rep. Mike McIntyre Office Sought: X House Senate Presid State: NC District: C Full Name (Last, First, Middle Mike McIntyre For Congr Mailing Address P.O. Bo City Lumberton Purpose of Disbursement Contribution Candidate Name	e lent 177 P Initial) ess ox 1 Disbuel elent	rsement For: X Primary Other (spe	2010 General ecify) ▼ Zip Code 28359 2010 X General	Category/ Type 011 Category/	Contribution Transaction ID: 180 Date of Disbursement M 2 M / 2 5	500.00 86711 Y

SCHEDULE B (·		rate schedule(s)			R LINE eck only	NUMBE	R:		L	PAGE	36 / 3	38
ITEMIZED DISE			Detailed S	ategory of the Summary Page		$\dot{\Box}$	21b 27	22 28a		23 28b	24 28	3c	25 29	
Any Information copied for for commercial purpos														3
NAME OF COMMIT American Hospita	TEE (In Full)			o a any pomioa	-						<u> oa o</u>			
Full Name (Last, Firs Steve Rothman F).						Trans			180 ement	86712	2	
Mailing Address	P.O. Box 714							0 ^M 2	M /	^D 2	5	Y	2 o 1 o) Y
City Hackensack		St N	ate J	Zip Code 07602				Amou	ınt of	Each	Disbur		nt this F	-
Purpose of Disburse Contribution	ment				_	011		L.				10	00.00	
Candidate Name Rep. Steven R. R Office Sought:		Disbursem	ent For	2010		ateg Type	-							
	Senate President	XF	Primary Other (spec	General				Contr	ibuti	on				
Full Name (Last, First Pete King For Col	t, Middle Initial)										180 ement	86713	3	
Mailing Address	Post Office Box 1	428						0 2	M /	^D 2	5 /	YZ	2 0 1 0) ^Y
City Seaford		St N	ate Y	Zip Code 11783				Amou	ınt of	Each	Disbur	rsemer	nt this F	Perio
Purpose of Disburse Contribution	ment					011						5	500.00	
Candidate Name Rep. Peter T. King	g					ateg Typ	-							
	House Senate President strict: 03		ent For: Primary Other (spec	2010 General				Contr	ibuti	on				
Full Name (Last, Firs Pete King For Co	. ,)						Date	of Dis	sburse	180 ement			
Mailing Address	Post Office Box 1	428						0 2	М /	^D 2	5	2	010) \
City Seaford		St N	ate Y	Zip Code 11783				Amou	ınt of	Each	Disbur		nt this F	-
Purpose of Disburse Contribution Candidate Name	ment					011			•	•		5	500.00	
Rep. Peter T. King	g					ateg Type								
	House Senate President strict: 03		ent For: Primary Other (spec	2010 X General cify) ▼				Contr	ibuti	on				

В.

C.

SCHEDULE B (FEC Form 3X)			F	OR LIN	IE N	NUMBER:					PAGE 37 / 38			
ITEMIZED DISBURSEMENTS	Use sepa		(_	nly one)				_		_		_	
	Detailed 9	Summary Page		L	21b 27	\vdash	22 28a	X	23 28	, ŀ	24 28c	-	25 29	26 30b
Any Information copied from such Reports and Stater	nents may no	ot be sold or used	d by a	an		n for		rpos	_			ontri		
or for commercial purposes, other than using the nam	ne and addres	ss of any political	com	nm	ittee to	solic	it contr	ibut	ions	fror	m such	comi	mittee	
NAME OF COMMITTEE (In Full)														
American Hospital Association PAC														
Full Name (Last, First, Middle Initial)											18087	'118	3	
John Salazar For Congress							Date of	м				<i>(</i>)	/ Y	Y
Mailing Address PO Box 534							0 2		L	2 :	2	2	010	0
City Pueblo	State CO	Zip Code 81002					Amou	int o	f Ea	ch [Disburse	emer	nt this	Period
Purpose of Disbursement Contribution					11				_			10	00.00)
Candidate Name			_		egory/									
Rep. John T. Salazar					/pe									
· -	ement For: Primary	2010 General					Contr	ibut	ion					
President	Other (spe													
State: CO District: 03														
Full Name (Last, First, Middle Initial) Castle Campaign Fund											18087	'119)	
							Date of	м				/ ` \	/	Υ
Mailing Address PO Box 133							0 ^M 2		L	2 :	2	2	010	0
City Wilmington	State DE	Zip Code 19899					Amou	int o	f Ea	ch [Disburse	mer	nt this	Period
Purpose of Disbursement Contribution		10000	Г	_	44							20	00.00	
Candidate Name				-	11 egory/									
Mr. Michael Castle					/pe									
Ŭ → I -	ement For: C Primary Other (spe	2010 General					Contr	ibut	ion					
State: DE District:														
Full Name (Last, First, Middle Initial) Castle Campaign Fund							Trans Date		-		18087 ment	470)	
Mailing Address PO Box 133							0 ^M 2	М	/	2 :	^D /	2	010	D Y
City Wilmington	State DE	Zip Code 19899					Amou	int o	f Ea	ch [Disburse	emer	nt this	Period
Purpose of Disbursement Contribution	<u> </u>	15055		•	44							30	00.00)
Candidate Name				_	11 egory/									
Mr. Michael Castle					/pe									
X Senate President	ement For: Primary Other (spe	2010 X General cify) ▼					Contr	ibut	ion					
State: DE District:														
SUBTOTAL of Disbursements This Page (optional)					. •							60	00.00	
TOTAL This Period (last page this line number only	·)											686	00.00	

Image# 10990668873

State:

A.

District:

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS Use separate schedule(s) for each category of the Detailed Summary Page Use separate schedule(s) for each category of the Detailed Summary Page X 21b 22 23 24 25 29				
Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contribution or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full)	PAGE 38/38			
or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full)	26 30b			
American Hospital Association PAC				
Full Name (Last, First, Middle Initial) Paymentech Transaction ID: 18086725 Date of Disbursement	V			
Mailing Address 14221 Dallas Parkway Building Two	נ '			
City State Zip Code Amount of Each Disbursement this Dallas TX 75254				
Purpose of Disbursement Merchant Fees 001	3			
Candidate Name Category/ Type				
Office Sought: Senate Primary Other (specify) Merchant Fees Merchant Fees				

SUBTOTAL of Disbursements This Page (optional)	•	88.53
TOTAL This Period (last page this line number only)		88.53